JOHNS HOPKINS
UNIVERSITY & MEDICINE

Public Safety

Student Advisory Committee for Public Safety
Tuesday, November 30, 2021
5:15 p.m. ET

Committee Members:
Lanise Stevenson, School of Education
Mary Grace Bowring, School of Medicine
Jayla Scott, Krieger School of Arts and Sciences
Samantha Camp, Krieger School of Arts and Sciences – regrets
Billy Mills, School of Medicine
Mohammed Khalid, Whiting School of Engineering
Abe Hou, Whiting School of Engineering
Anthony Garcia, Krieger School of Arts and Sciences – regrets

Staff:
Branville Bard, Vice President for Johns Hopkins Public Safety, JHU & JHM
Connor Scott, Chief of Staff, Johns Hopkins Public Safety
Jarron Jackson, Sr Director for Public Safety, Homewood
Allison Avolio, Interim Dean of Student Life, Johns Hopkins University
Kathleen Stewart, Executive Specialist, Johns Hopkins Public Safety
Evie Uhlfelder, Project Manager, Johns Hopkins Public Safety

Guests:
Francis Callahan, JHSAP Clinical Supervisor
Kim Sutter, Student Assistance Clinician
Michael Wood, Student Assistance Clinician

AGENDA

- Welcome
  - Dr Bard welcomed everyone to the meeting and thanked everyone for joining the meeting.
- Behavioral Health Crisis Support Team
  - Jarron Jackson introduced and welcomed the BHCST to the committee;
  - Frances Callahan gave an overview (attached) of the BHCST and the partnership with JHPS;
  - Frances shared the BHCST contact email for the committee to ask any questions: bhresponse@jhu.edu
  - Clinicians Kim Sutter and Mike Wood introduced themselves to the group and shared their background history and experience during their time at Hopkins;
  - Frances then opened the meeting to questions from the committee members.
    - Discussion included:
    - Sr Director Jackson addressed the ongoing training format for public safety officers;
    - The BHCST discussed the training for clinicians who are not native Baltimoreans to understand hyperlocal culture, officer/clinician collaboration;
    - The Committee asked about the future trajectory of the program and the BHCST discussed the eventual plans to expand this program to the East Baltimore campus
  - Mary Grace asked if she could submit additional questions to the team after the meeting. The team agreed that they'd be happy to respond (questions and responses attached)

Behavioral Health Crisis Support Team (BHCST)

November 30, 2021

Existing Behavioral Health Services

- Johns Hopkins Public Safety officers are often the first and sole in-person responders to behavioral health emergencies within our university community
- Once determined that a call is behavioral health related, JHU Public Safety then engages with one of the university's behavioral health response resources:
  - ProtoCall Services Inc. (evening and weekends)
  - JHU Mental Health Programs
    - Homewood Counseling Center
    - University Health Services Mental Health – East Baltimore
    - Johns Hopkins Student Assistance Program – East Baltimore/DC

Learnings from Services Assessment

- A 2018 report issued by the University's Task Force on Student Health and Well-Being presented key recommendations to enhance the scope and quality of behavioral health services offered to our students

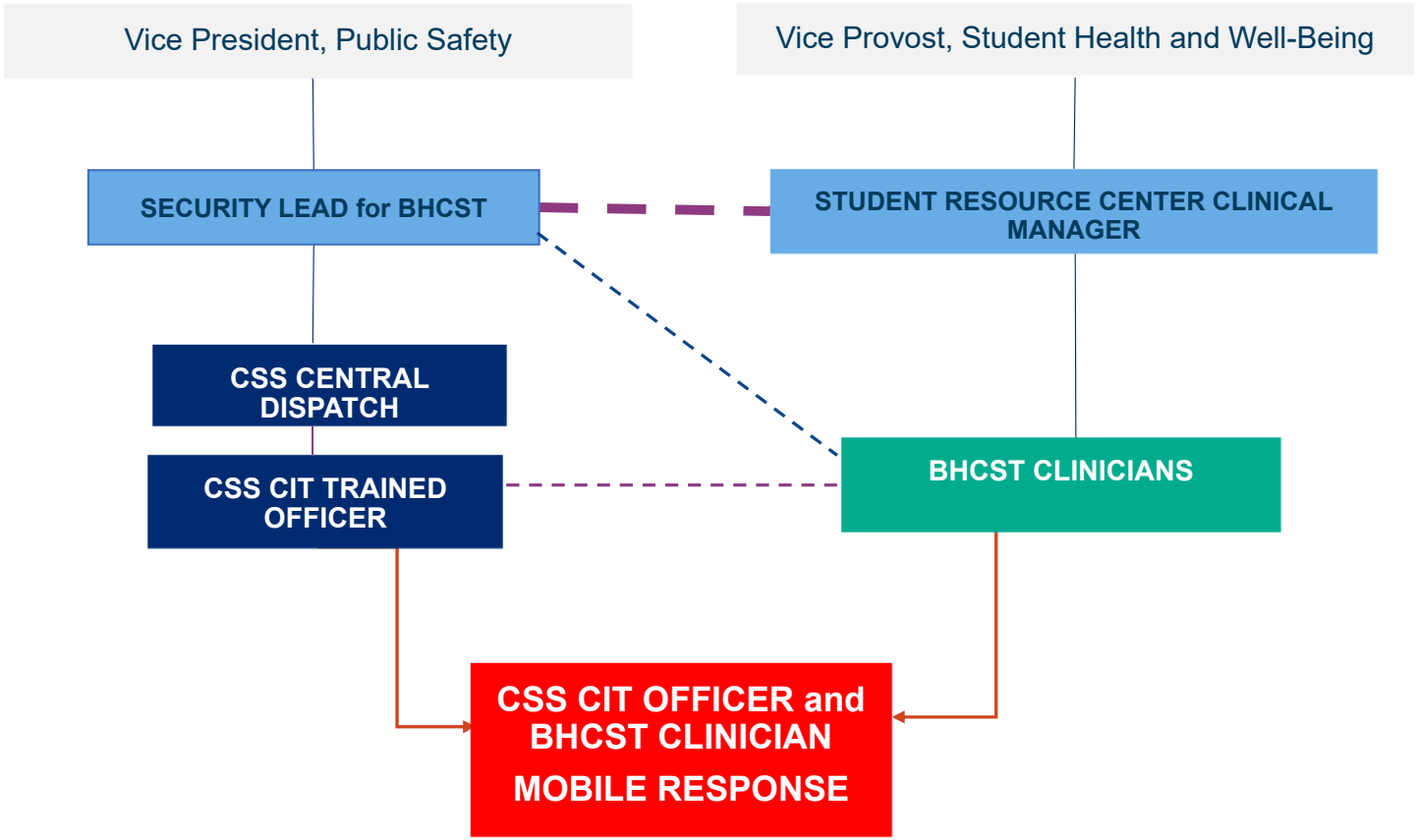
- Concurrently, Public Safety noticed an increase in behavioral health-related calls to their security dispatch and that in-person intervention from a trained clinician would be more effective in person

An analysis of our dispatch call data found that 1/3 of calls to university dispatch between Jan. 2019-Dec. 2020 were behavioral health-related.

BHCST Pilot Framework

- Co-responder model to partner clinician with JH Public Safety
- Capacity to provide crisis response to students, faculty, staff and community members on and around campus
- Gradually increase to 24/7 coverage with in-person response
- Partnership with community provider for optimal care of community members
- Capacity to provide stabilization services until successful transition to ongoing provider
- Inter-connectedness with currently available campus mental health providers

Core Mobile Response Team



Case Management and Transfer of Care

Students, Staff and Faculty:

- Cases are managed by BHCST clinicians through scope of practice then transitioned to the appropriate internal (i.e., Counseling Center, SOS, SA, mySupport for faculty/staff) or community resources.

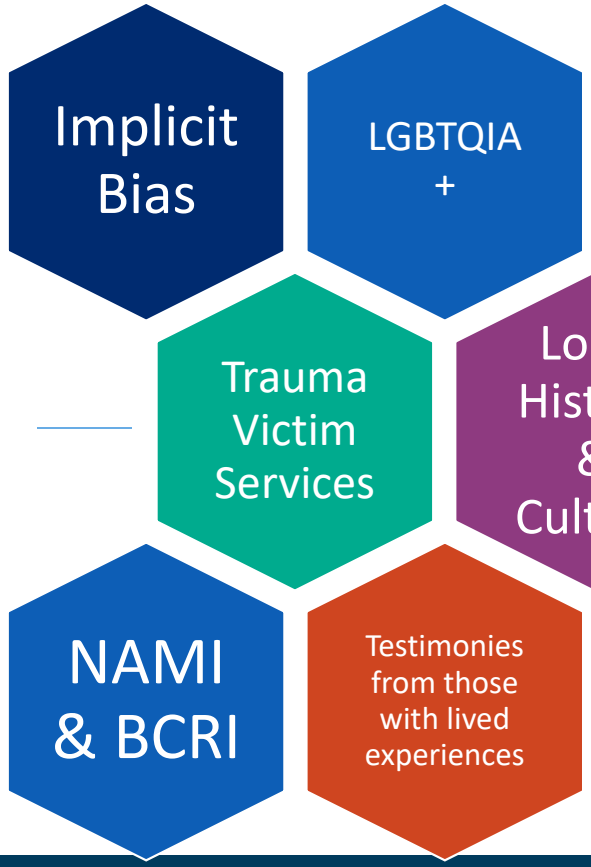
Non-Affiliates:

- JHU entered a partnership with Baltimore Crisis Response, Inc. (BCRI) - a well-established and highly respected community organization experienced helping individuals in crisis throughout our region
- The BHCST team will initially respond to all behavioral health-related calls. Once determined that the individual in crisis is not affiliated with the University, BHCST will notify BCRI who will respond and continue triage care.

Staffing

- 3 new hires: 2 crisis clinicians and 1 Clinical Manager
    - **Looking to hire three additional crisis clinicians**
    - 2-5 years of crisis response experience
    - Strong preference for those who have served in this role previously within Baltimore

Orientation Training



- Proper use of pronouns
- Inclusive gender terms
- Behavioral health – related concerns common amongst LGBTQIA+ youth

- Sexual assault
- Human trafficking
- History of physical or verbal abuse
- Immigrant rights

- History of Charles Village
- Cultural competencies: Common phrases, body language, lifestyle, etc.

Role of the Community

- **The community has been integral to this project**, shaping its framework and uplifting our most vulnerable

- With their support, we are confident that **the pilot will be more robust, equitable, and human-centered** than we could ever design alone

- To date, we have **engaged with over 250 people representing more than 70 organizations,** including Baltimore residents, student leaders, local officials, and community leaders

Further Community Engagement

- In addition to our socialization meetings with students, faculty, staff, and community leaders, we have held individual meetings with:
  - Mayor's Office of Neighborhood Safety & Engagement
  - Mayor's Office of Children & Family Services
  - Mayor's Office of Youth & Trauma Services
  - Senior Advisor to the Mayor on LGBT Affairs
  - Behavioral Health Systems Baltimore
  - Roper Academy
  - Youth Empowered Society
  - NAMI Metropolitan Baltimore
  - Healing City Baltimore
  - Various faculty at Bloomberg School of Public Health

Questions?

Please send future questions to: bhresponse@jhu.edu

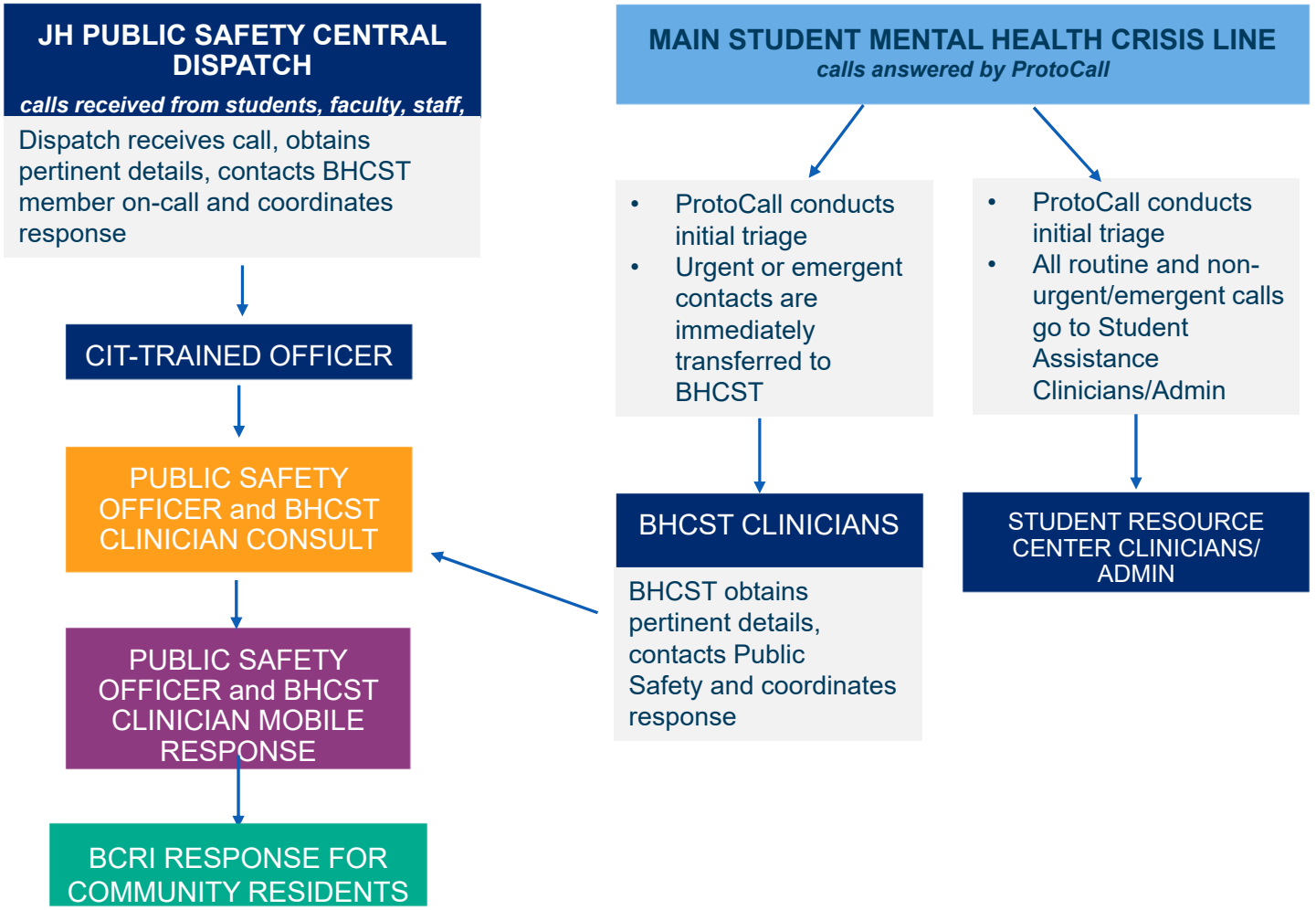
Baltimore Crisis Response, Inc. (BCRI)

- BCRI is a well-respected, local leader in quality mental health crisis response. They recently announced a partnership with the City of Baltimore to support the Mayor's 911 Call Diversion Program

- JHU formalized a partnership with BCRI for this pilot program to better serve the needs of our neighbors who may experience a behavioral health crisis on or around our Baltimore campuses

Dispatch Call Flow

Contacts may come in from various sources and through a variety of channels. Ultimately, all contacts should be funneled through either Public Safety Dispatch or the BHCST.



Advisory Committee

- **Ciara Armstrong**, Hopkins Emergency Response Organization (HERO) Student Member
- **Rebecca Fix**, Assistant Professor for Mental Health Communications, BSPH
- **Kathy Forbush**, Executive Director, Talent Management, Johns Hopkins University
- **Cynthia Lewis**, Assistant Professor, SOM & JHH Psychiatric Emergency Services
- **Nicki McCann**, Vice President of Payor/Provider Transformation, JHHS
- **Michael McGill**, JHU Safety & Security Student Advisory Committee Member
- **Jennifer Mielke**, Director of Local Government & Community Affairs, JHU
- **Lucas Miranda-Martinez**, Multicultural Leadership Council Liaison to Student Govt.
- **Garrett Patrick**, MD/PhD candidate, Johns Hopkins Medicine
- **Michael Preston**, Director of East Baltimore Community Affairs
- **Nan Rohrer**, President, Midtown Community Benefits District *(Mt. Vernon community rep.)*
- **Kristina Williams**, Executive Director, Charles Village Community Benefits District *(Charles Village community rep.)*
- **Tehma Wilson,** Director of Emerging Products, American Technology Corporation *(E. Baltimore community rep.)*
- **Nicolas Wright**, USS, Student Services Administrator & BFSA Member

BHCST Essential Job Functions

- Crisis consultation and response in coordination with JH Public Safety
- Communication w/ responders, care providers, leadership, family, etc.
- Monitor status and follow-up
- Referrals
- Bridge to internal and external services as appropriate. Includes hand-off to university student mental-health services when appropriate
- Follow-up support and/or survey of experience in 30/60/90 days
- Conduct return and fitness for study evaluations
- Assist with threat assessment process as appropriate
- Outreach and education to staff and faculty
- Assist with program evaluation

JHPS Student Advisory Committee Questions to BHCST

1. ***What will be the geographic boundaries of the BHCST?***

The Behavioral Health Crisis Support Team responds to calls within the Johns Hopkins Public Safety service area. Public Safety provides services and responds to calls within a specified community boundary, including areas heavily populated by undergraduate and graduate students.

In this first phase of the pilot program, the team is serving the Homewood campus, and over time, we plan to gradually expand these services to our other Baltimore campuses. This scope reflects and honors the university's commitment to respond to the safety needs of our student population.

2. ***How will behavioral health care needs be determined by the first security officers on the site, particularly if they have not yet received behavior health crisis training? And can you make that decision-making process available to students and the community?***

The Johns Hopkins Behavioral Health Crisis Support Team is comprised of licensed mental health clinicians with expertise in crisis care who respond to behavioral health-related calls alongside crisis intervention-trained Public Safety personnel. In addition to initial triage and stabilization, BHCST provides short-term counseling and case management to connect individuals with additional services if appropriate. If initial stabilization is not possible, the team assists in seeking more intensive services such as hospitalization.

The role of our public safety officers in this partnership is that of support for these clinicians. This support is provided by having the public safety officer address any health and safety factors that may endanger the person in crisis, clinician, or impacted member of the community. The best method of support and next steps for the person in crisis will be determined by the licensed clinician.

As a part of their initial training and onboarding, every public safety officer on the BHCST receives training in recognition of mental health crisis incidents and de-escalation as well as C.I.T. (Crisis Intervention Team), a robust 40-hour training module that provides officers with additional advanced training to support individuals who are experiencing a mental health crisis. This training is provided through the coordinated efforts of several professional mental health organizations, such as Behavioral Health Crisis Response, Inc. (BCRI) and our public safety team. Over time, our goal is to ensure that every public safety officer at Johns Hopkins, including those not assigned to the BHCST, is also is trained in C.I.T.

3. ***What will be the role of non-CIT trained officers who are first on the scene once the unit has been called/has arrived?***

Our hope, with this pilot program, is that the BHCST will be the first on the scene responding to behavioral health crises in our campus community. In the event that a non-CIT trained officer arrives first, their role will be to assess the situation and provide immediate assistance to ensure the safety and security of all parties involved. As part of their response, they may also request deployment of the BHCST for additional support.

Over time, our goal is to both expand the BHCST pilot program to cover all of our Baltimore campuses 24-7 and also to ensure that every public safety officer at Johns Hopkins, including those not assigned to the BHCST, is trained in C.I.T.

4. How and under what circumstances will the BHCST detain individuals?

The BHCST will use the least invasive, most collaborative approach when assisting individuals in crisis. Licensed mental health professionals—including our BHCST clinicians—do not have the authority to detain people. Public Safety officers would only detain a person if there was an immediate threat to self or others, and the recommended next course of action was emergency evaluation. For further discussion about circumstances in which mental health clinicians in Maryland may involve law enforcement, please see our response to question 8.

5. What is the decision-making process going forward for how the unit will operate and develop? (you mentioned that this is an iterative process, but I wanted to convey all questions I have been given in case you have additional comments.)

Our community of students, faculty, staff, and neighbors have played a critical role in the development of the BHCST. Early in this process, we convened an advisory committee to guide us in designing a dynamic, accessible, and equitable pilot that meets the needs of our broader community. The individuals serving on the advisory committee represent a cross-section of our university landscape and have an interest and/or expertise in crisis response and behavioral health best practices. This group, which first convened in February 2021, meets monthly. The committee has helped to address key aspects of the program in support of both affiliates and non-affiliates, and it continues to be an essential voice in determining how to transition to consistent community-based care and support of individuals beyond the immediate crisis response.

We have also engaged our community more broadly in individual and small group meetings to solicit a diverse array of perspectives in shaping this program. Since December, we have engaged more than 250 people, representing more than 70 community organizations near the Homewood, Peabody, and East Baltimore campuses and from their surrounding neighborhoods. More than 15 small group listening sessions were held with student leaders, community and neighborhood advocates, and faculty/staff groups.

Feedback was also solicited from local behavioral health providers, LGBTQ+ advocates, elected officials, community organizations, and other stakeholders, sparking discussions that helped to shape and refine the program.

With the launch of the BHCST pilot last fall, we expect to continue to learn from our experiences and further refine the program. Following each co-response during the pilot phase, BHCST clinicians, public safety, and any other JHU program involved in the response (such as HERU and residence life staff) debrief and review the response to continuously improve our services. In addition, all are invited to provide feedback on the form at Behavioral Health Crisis Support Team | Public Safety (jhu.edu), at Feedback, Questions, and Reporting Concerns - Johns Hopkins University Student Well-Being (jhu.edu), by emailing bhresponse@jhu.edu, or directly to members of the BHCST team.

6. ***There are concerns around the use of a third-party organization on nights and weekends that is not informed by UHS philosophy on care, particularly regarding Queer and Trans People of Color (QTPOC). Can you speak to how you will ensure protection of students and community members, and particularly QTPOC, when that organization is called?***

It is important to note that the BHCST currently is dispatched via JHU Public Safety and does not use a night-and-weekend service. However, to ensure 24/7, consistent coverage, student mental health programs at JHU use a service—ProtoCall, Inc.— staffed by licensed clinicians who answer phone calls, assess safety, and provide in-the-moment support to students in distress. To create a seamless experience for callers, JHU student mental health services work closely with ProtoCall to develop protocols and scripts consistent with JHU Student Health and Well-Being's values and practices. Specifically, JHU student mental health services developed a script with ProtoCall in which their clinicians ask for callers' pronouns and request no additional information about identity. If a student requires evaluation at an emergency department, or if an event occurs that impacts the larger JHU community, ProtoCall immediately consults the leadership of the applicable student mental health service, 24/7/365.

We invite feedback on all Student Health and Well-Being programs. All are welcome to submit comments by completing a form at Feedback, Questions, and Reporting Concerns - Johns Hopkins University Student Well-Being (jhu.edu).

7. ***Students report feeling open to harm reduction-informed mutual aid groups and peer navigators staffed by community members, friends, and allies responding to behavioral and mental health crises. However, students are afraid of armed officers coming with the crisis responders or the possibility of the police being called. Can you speak to that concern?***

The spirit of this question is part of what has guided the formation of this team and initiative. Johns Hopkins public safety officers, as well as the BHCST, are unarmed. We believe that even with additional training, such as C.I.T., an individual in mental health crisis is best served by the presence and resource of a clinician. The role of our public safety officers in this partnership is that of support for these clinicians. This support is provided by having the public safety officer address any health and safety factors that may endanger the person in crisis, clinician, or impacted member of the community. The best method of support and next steps for the person in crisis will be determined by the licensed clinician.

8. ***Following from the previous question, can you please indicate under what circumstances the behavioral health crisis practitioner will call the police? For example, a student reports being threatened by a behavioral crisis practitioner that the police will be called if they detect suicidal ideation.***

The BHCST clinicians' ethical principles, along with the codes of ethics governing their licenses, require clinicians to treat each person in a caring and respectful fashion and to respect their autonomy. Clinicians take a collaborative approach, asking the individual served about their preferences and aligning interventions to those preferences whenever possible and safe.

The BHCST follows national guidelines for behavioral health crisis care, which direct clinicians to use the least intrusive interventions needed to protect safety and to use involuntary emergency interventions as

a last resort (see national-guidelines-for-behavioral-health-crisis-care-02242020.pdf (samhsa.gov). By providing thorough risk assessment, comfort, and support on site, the BHCST's services reduce the need for emergency department evaluations.

To assess whether an emergency department evaluation is required, the clinicians identify factors that increase risk (examples include a plan, intent, and means to attempt suicide or homicide) and factors that protect against risk (examples include a social support network, the ability to deescalate with the help of the clinician on site, and the ability to use healthy coping skills).

If, after offering support and assessing risk, the clinician determines that an individual requires emergency care to maintain safety, the clinician works to obtain the person's voluntary agreement to go to the emergency department.

In rare instances, if a person remains unsafe to self or others and is unwilling or unable to agree to emergency care, the clinician will follow Maryland law and the ethical and legal requirements of their licensure to certify that the person represents a danger to the life or safety of themselves or others and to petition law enforcement to take the individual to an emergency department. Please note that this responsibility falls to all fully licensed mental health professionals in Maryland, no matter the setting in which they work.

9. ***Students are concerned that substance use history will influence the behavioral health crisis care they receive. What is the protocol for the behavioral crisis unit regarding substance use history and how it influences your efforts in the current crisis?***

BHCST clinicians follow their professional codes of ethics, which require them to treat each person with respect and dignity, regardless of current or past substance use. When responding to calls for assistance, the BHCST considers the safety of all parties involved, and they focus on what is happening in the moment to assess the situation, determine the clinical needs of the individual in crisis, and connect the individual in crisis with the appropriate services. Rarely will those clinicians have any information about an individual's prior medical history, including substance use history.

In addition, as an intoxicated person cannot provide informed consent for mental health services, and as clinicians can't fully assess an intoxicated person's mental health, when encountering an intoxicated person, BHCST clinicians will offer practical assistance and call for medical services, if appropriate.